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CONFIRMATION NO. 4367

SERIAL NUMBER 10/726,960	FILING DATE 12/03/2003 RULE	CLASS 606	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 297912006401
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/523,817 03/13/2000 PAT 6,746,425 which is a CIP of 08/873,413 06/12/1997 ABN which claims benefit of 60/019,931 06/14/1996

** FOREIGN APPLICATIONS *****

NONE mm 11/8/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE
 Medical balloon

FILING FEE RECEIVED 1395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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